

**CANDIDATE OATH
SCHOOL BOARD OFFICE**

2024 JUN 11 PM1:17

Check box **only** if you are seeking to qualify
as a write-in candidate:

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Maniya Calkins

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of School board, 2;
(Office) (District #)

I am a qualified elector of Santa Rosa County, Florida; I am a qualified elector under
the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no
other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have
resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the
Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of
Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public
funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States
and of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not ✓

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Maniyah Calkins 850-380-6273 votecalkins@gmail.com
Signature of Candidate Telephone Number Email Address
5496 Heatherston Rd Milton FL 32570
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 11th day of June, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

Tamela R. McGowin
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____, I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☐

this _____ day of _____

Personally Known ☐ OR produced Identification ☐

Type of Identification Produced: _____

2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mariya Calkins
Address: 5496 HEATHERTON RD, MILTON, FL 32570
County: Santa Rosa

Organization	Suborganization	Title
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N/A

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	Santa Rosa County School District	School board District 2

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,725,170.06.

2023 Form 6 - Full and Public Disclosure of Financial Interests**Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 72,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
3408 Green Briar Cir. Gulf Breeze, FL 32563	\$ 401,200.00
5112 Holcombe Rd Milton, FL 32583	\$ 155,600.00
1900 Presidio St A-C Navarre FL 32566	\$ 382,000.00
3 Elm Ave A-D Fort Walton Beach, FL 32548	\$ 916,000.00
5496 Heatherton Rd Milton FL 32570	\$ 402,000.00
Cash in the bank as of December 31,2022	\$ 122,500.29

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Quicken Loans	1050 Woodward Ave Detroit, MI 48226	\$ 719,159.29
Discover credit card	P.O. Box 30943 Salt Lake City UT 84130-0943	\$ 5,830.89
Chase credit card	111 8th Ave New York, NY 10011	\$ 1,140.05

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Rental Income per month	3408 Green Briar Cir. Gulf Breeze, FL 32563	\$ 3,600.00
Rental Income per month	1900 Presidio St. A-C Navarre, FL 32566	\$ 3,650.00
Rental Income per month	3 Elm Ave A-D Fort Walton Beach FL 32548	\$ 6,000.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Mariya Calkins

Digitally signed: 06/11/2024

For Qualifying
Purposes Only